101 Washington Street (46 until c. 1922) Cumberland

This c. 1880s Queen Anne style brick and formstone house is 2 1/2 stories tall. It is relatively large, with a variety of bay fronts, porches, window peaks, etc. The roof is covered with slate shingles, some in fish-scale patterns, and the end gable facing the street is in patterned wood shingle. There is a 2story semi-octagonal bow-front window arrangement on the south facade, topped by a semi-conical roof. Between this and a somewhat similar bow on the east facade (facing West Prospect Square) is a bracketed porch and a closed-in sun porch which has stained-glass transom windows and curves around the corner of the house. There is a large square stained-glass window next to the main entrance.

The property was bought in 1847 by Roger Perry for \$2,000, and sold by his heirs in 1889 (along with another lot) for \$10,000 to George D. Landwehr. He then sold the lot in 1891 for \$5,000 to Calton L. Bretz. His widow, Matilda H. Bretz, sold it in 1919 to Mollie D. Quarles, who sold it the next year to Irving T. Holland. The Cumberland Directory of 1919 lists Edward Webb as living at 46 Washington Street, the address of the house until c. 1922. He may have rented the building from Matilda Bretz or Mollie Quarles. The 1923 and 1935 editions of the Cumberland Directory both list Irving T. Holland as the occupant. Holland was the Secretary and Treasurer of Holland Co. Furniture, and the Vice President of Crystal Laundry. The property was next sold in 1959 by Irving T.

Holland's widow, Rose M. Holland, for \$26,000 to the Archbishop of Baltimore.

Sometime since 1972, it appears to have been bought by Charles Shaffer.

| (De      | rm 10-300 UNITED STATE<br>c. 1968) NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ES DEPARTMENT OF                             | OF THE INTERIOR                                          | P. FIELD SHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STATE                                       | E:          |              |
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| 3.       | CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |             |              |
|          | CATEGORY<br>(Check One)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | OWNERSHIP                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATU                                       | 5           | ESSIBLE      |
|          | District Building X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Public .                                     | Public Acquisi                                           | tion:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Occupied                                    | X Yes:      | TE POBE      |
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|          | Object                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Both                                         | Being Cons                                               | sidered [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Preservotion                                |             | estricted    |
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|          | PRESENT USE (Check One or A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | More as Appropriate                          | ,)                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in progres                                  | No:         | 4            |
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|          | PRESENT USE (Check One or A Agriculturol Government Government) Cammercial Industria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ment P                                       | ark<br>rivate Residenc                                   | e 📉 Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |             |              |
|          | PRESENT USE (Check One or A Agriculturol Government Industri Educational Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ment P                                       | ark<br>rivate Residence<br>eligious                      | e 👸 Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        |              |
| TA.      | PRESENT USE (Check One or Magricultural Government) Government Industrial Educational Museum Museum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nent P                                       | ark<br>rivate Residenc                                   | e 📉 Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        |              |
| 4.       | PRESENT USE (Check One or A Agriculturol Government Industri Educational Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ment P                                       | ark<br>rivate Residence<br>eligious                      | e 👸 Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        |              |
| 4.       | PRESENT USE (Check One or Magricultural Government Industrial Educational Military Entertainment Museum OWNER OF PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ment P                                       | ark<br>rivate Residence<br>eligious                      | e 👸 Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        |              |
| 4.       | PRESENT USE (Check One or Magricultural Government Industrial Educational Military Entertainment Museum OWNER OF PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nent P                                       | ark<br>rivate Residence<br>eligious<br>cientific         | e 👸 Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        |              |
| <b></b>  | PRESENT USE (Check One or Magricultural Government) Government Industried Useum Military Entertainment Museum OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nent P                                       | ark<br>rivate Residence<br>eligious                      | e K Ott                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        | ents         |
| 4.       | PRESENT USE (Check One or A Agricultural Government Industrial Educational Military Entertainment Museum OWNER OF PROPERTY OWNERS NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nent P                                       | ark<br>rivate Residence<br>eligious<br>cientific         | e 👸 Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        |              |
| , marrie | PRESENT USE (Check One or Magricultural Government) Government Industried Useum Military Entertainment Museum OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nent P                                       | ark<br>rivate Residence<br>eligious<br>cientific         | e K Ott                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportation                                 | Comm        | ents {       |
| , marrie | PRESENT USE (Check One or Magricultural Government Industried Museum OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RIPTION DEEDS. ETC:                          | ark rivate Residence eligious cientific                  | STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsportation per (Specify)                   | Comm        | ents         |
| , marrie | PRESENT USE (Check One or Magricultural Government Industried Museum OWNER OF PROPERTY OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:  LOCATION OF LEGAL DESCRIPTION OF LEGAL DE | RIPTION DEEDS. ETC:                          | ark<br>rivate Residence<br>eligious<br>cientific         | STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsportation<br>per (Specify)                | Comm        | ents         |
| , marrie | PRESENT USE (Check One or Magricultural Government Industrial Educational Military Entertainment Museum OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:  LOCATION OF LEGAL DESCRIPTION OF LEGAL DESCRIPT | RIPTION DEEDS, ETC:                          | ark rivate Residence eligious cientific                  | STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsportation per (Specify)                   | Comm        | ents         |
| , marrie | PRESENT USE (Check One or Magricultural Government Industrial Educational Military Entertainment Museum OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:  LOCATION OF LEGAL DESCRIPTION OF LEGAL DESCRIPT | RIPTION DEEDS. ETC:                          | ark rivate Residence eligious cientific                  | STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsportation per (Specify)                   | Comm        | ents         |
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| 5.       | Agriculturol Governa Cammerciol Industri Educational Military Entertainment Museum  OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:  LOCATION OF LEGAL DESC  COURTHOUSE, REGISTRY OF IT  ALLEGANY COURTHOUSE, REGISTRY OF IT  STREET AND NUMBER:  CITY OR TOWN:  COURTHOUSE, REGISTRY OF IT  ALLEGANY COURTHOUSE, REGISTRY OF IT  CITY OR TOWN:  COURTHOUSE, REGISTRY OF IT  ALLEGANY COURTHOUSE, REGISTRY OF I | RIPTION DEEDS, ETC: OUNTY CO                 | ark rivate Residence elagious cientific                  | STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsportation per (Specify)  GER 308  LIO 256 | Comm        | CODE         |
| 5.       | Agricultural Governa Agricultural Governa Cammercial Industri Educational Military Entertainment Museum OWNER OF PROPERTY OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:  COURTHOUSE, REGISTRY OF IT ALLEGNY COURTHOUSE, REGISTRY OF IT STREET AND NUMBER:  CITY OR TOWN:  CITY OR  | RIPTION DEEDS, ETC: OUNTY CO                 | ark rivate Residence elagious cientific                  | STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsportation per (Specify)  GER 308  LIO 256 | Comm        | CODE         |
| 5.       | Agriculturol Governa Cammerciol Industri Educational Military Entertainment Museum  OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:  LOCATION OF LEGAL DESC  COURTHOUSE, REGISTRY OF IT  ALLEGANY COURTHOUSE, REGISTRY OF IT  STREET AND NUMBER:  CITY OR TOWN:  COURTHOUSE, REGISTRY OF IT  ALLEGANY COURTHOUSE, REGISTRY OF IT  CITY OR TOWN:  COURTHOUSE, REGISTRY OF IT  ALLEGANY COURTHOUSE, REGISTRY OF I | CRIPTION DEEDS, ETC: OUNTY CO                | ark rivate Residence elagious cientific                  | STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsportation per (Specify)  GER 308  LIO 256 | Comm        | CODE         |
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| 5.       | Agriculturol Governation Gover | CRIPTION DEEDS, ETC: OUNTY CO NOMINATED PROF | ark rivate Residence eligious cientific  URTHOUSE CERTY: | STATE:  STATE:  STATE:  A-094                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nsportation ner (Specity)  BER 308 LID 256  | Comm        | CODE CODE    |
| 5.       | Agriculturol Governa Cammerciol Industri Educational Military Entertainment Museum  OWNER OF PROPERTY  OWNERS NAME:  STREET AND NUMBER:  CITY OR TOWN:  LOCATION OF LEGAL DESC  COURTHOUSE, REGISTRY OF IT  ALLEGANY  CITY OR TOWN:  APPROXIMATE ACREAGE OF IT  REPRESENT TION IN EXIST  TITLE OF SURVEY:  DATE OF SURVEY:  DATE OF SURVEY:  DATE OF SURVEY RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CRIPTION DEEDS, ETC: OUNTY CO NOMINATED PROF | ark rivate Residence eligious cientific  URTHOUSE CERTY: | STATE:  STATE:  STATE:  A-094                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nsportation her (Specify)  BER 308 LID 256  | Comm        | CODE CODE    |
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## N. R. FIELD SHEET

| DESCRIPTION |           |      |             |             |      |         |               |
|-------------|-----------|------|-------------|-------------|------|---------|---------------|
| CONDITION   |           |      |             | (Check      | One) |         |               |
|             | Excellent | Goad | N Foir -X   | Deteriorote | d 🗌  | Ruins [ | Unexposed [   |
| INTEGRITY   |           | (Che | eck One)    |             |      | (Ch     | neck One)     |
|             | Altered   |      | Unaltered 🕱 | 3           | Мо   | ved 🗌   | Original Site |

as the courthouse across the street. It is a relatively large brick house of 3 storeys with a variety of bay fronts, porches, window-peaks, etc. The roof (s) is covered with slate shingles, some of it in fish-scale patterns and the end gable facing the street is in patterned wood shingle. There is a 2 storey semi-octagonal bow-front window arrangement topped by a semi-conical roof. Between this and a somewhat similar bow on West Prospect Square, is a brackted porch and a closed-in sun porch which has stained-glass transom windows and curves around the corner of the house. There is a large square stained-glass window next to main entrance.

SEE INSTRUCTIONS

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| PERIOD (Check One or ) | More as | Appropriate)       |             |                |        |                 |     |
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| Pre-Calumbion          |         | 16th Centu         | ry 🗌        | 18th Centu     | ry 🔲   | 20th Century    | 7   |
| 15th Century           |         | 17th Centu         | ry 🔲        | 19th Centu     | ry 🖟   |                 |     |
| SPECIFIC DATE(S) (II A | pplicab | le and Known)      |             | c188           | 5-1895 | [?]             |     |
| AREAS OF SIGNIFICANO   | E (Ch   | eck One or Mare as | Appropriate | )              |        | 60              |     |
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| Prehistoric            |         | Engineering        |             | Religion/Phi-  |        | Other (Specify) |     |
| Historic               |         | Industry           |             | losaphy        |        | architect       | ure |
| Agriculture            |         | Invention          |             | Science        |        |                 |     |
| Art                    |         | Landscope          |             | Sculpture      |        |                 |     |
| Commerce               |         | Architecture       |             | Social/Human-  |        |                 |     |
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| Canservation           |         | Military           |             | Theater        |        | •               |     |
|                        |         | Music              |             | Tronspartotian |        |                 |     |

A mixture of High Victorian styles, 101 Washington Street is predominantly Queen Anne (note gable ends, corbeled chimney, etc.). It is included here because of its picture-sque quality and its proximity to the courthouse and to Prospect Square.

[Little restoration, such as paint, could greatly enhance this house's appearance.]

N. R. FIELD SHEET

|                                                                   |                                                                                                                                                                            | Acreage                                                                                    |                                              | 52           | × 15-1          |                                                   |      |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------|--------------|-----------------|---------------------------------------------------|------|
| GEOGR                                                             | APHICAL DATA                                                                                                                                                               | act code                                                                                   |                                              |              |                 |                                                   |      |
| L                                                                 | ATITUDE AND LONGIT                                                                                                                                                         |                                                                                            |                                              |              | NING THE CENTER | GITUOE COOROINA<br>POINT OF A PROP<br>AN ONE ACRE |      |
| ORNER                                                             | LATITUOE                                                                                                                                                                   | LONGITU                                                                                    | 0E                                           |              | ATITUOE         | LONGITUE                                          |      |
| NW                                                                | Degrees Minutes Seconds                                                                                                                                                    | Degrees Minutes                                                                            | **                                           | Degrees<br>o | Minutes Seconds | Degrees Minutes                                   | 29   |
| NE                                                                | O 1 W                                                                                                                                                                      | 0                                                                                          |                                              |              |                 |                                                   |      |
| SE                                                                | 6 1 1                                                                                                                                                                      |                                                                                            |                                              |              |                 |                                                   |      |
| -                                                                 | STATES AND COUNTIE                                                                                                                                                         | S FOR PROPERT                                                                              | IES OVER                                     |              |                 | DUNOARIES                                         |      |
| TATE:                                                             |                                                                                                                                                                            |                                                                                            | COOE                                         | COUNTY       | # .             |                                                   | COOE |
| TATE:                                                             |                                                                                                                                                                            |                                                                                            | CODE                                         | COUNTY:      |                 |                                                   | COOE |
| TATE:                                                             |                                                                                                                                                                            |                                                                                            | CODE                                         | COUNTY:      | .\              |                                                   | CODE |
|                                                                   |                                                                                                                                                                            |                                                                                            | CODE                                         | COUNTY:      |                 |                                                   | COOE |
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| FORME                                                             | PREPARED BY                                                                                                                                                                |                                                                                            |                                              |              |                 |                                                   |      |
| AME AND                                                           | O TITLE:                                                                                                                                                                   |                                                                                            |                                              |              |                 |                                                   |      |
| RGANIZA                                                           | William Mor                                                                                                                                                                | gan                                                                                        |                                              |              |                 | OATE                                              |      |
|                                                                   | Department                                                                                                                                                                 | of Art Hi                                                                                  | story                                        |              |                 | June 8,                                           | 1970 |
| TREET A                                                           | University                                                                                                                                                                 |                                                                                            |                                              |              |                 |                                                   |      |
| ITY OR                                                            |                                                                                                                                                                            | OI DETAWA                                                                                  | 1.6                                          | STATE        |                 |                                                   | COOE |
|                                                                   | Newark                                                                                                                                                                     |                                                                                            |                                              | Delaw        |                 |                                                   |      |
| STATE                                                             | LIA SON OFFICER                                                                                                                                                            | CERTIFICATION                                                                              |                                              |              | ATIONAL REGIST  | ER VERIFICATIO                                    | N    |
| tional l<br>89-665)<br>in the l<br>evaluat<br>forth by<br>level o | designated State Liai Historic Preservation ), I hereby nominate the National Register and ted according to the country the National Park Sof significance of this ational | Act of 1966 (Publis property for it certify that it har riteria and procedervice. The reco | olic Law<br>nclusion<br>as been<br>dures set | Nationa      | 1 Register.     | roperty is included                               |      |
| 27                                                                |                                                                                                                                                                            |                                                                                            |                                              | Date _       |                 |                                                   |      |
| Name _                                                            |                                                                                                                                                                            |                                                                                            |                                              | ATTES        | <b>C</b> :      |                                                   |      |
| Title                                                             |                                                                                                                                                                            |                                                                                            |                                              |              |                 |                                                   |      |
| -                                                                 |                                                                                                                                                                            |                                                                                            |                                              |              | Keeper of The   | National Register                                 |      |
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## Cumberland

Form 10-300 (Dec. 1968)

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| STATES DEPARTMENT OF THE<br>NATIONAL PARK SERVICE | INTERIOR FIELD | SHEE |
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| NATIONAL PARK SERVICE                             | 14. 10.        |      |

NATIONAL REGISTER OF HISTORIC PLACES INVENTORY - NOMINATION FORM MD. HISTORICAL TRUST

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|   | into divingration.          |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
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|   | 101 Washington              | Street                                | ·<br>       |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
|   | Cumberland                  |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
|   | STATE                       |                                       |             |         | CODE      | COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Y:     |                   |                                       | DDE      |
|   | Maryland                    |                                       |             |         |           | l .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | egan   | 177               |                                       | JUE      |
|   | CLASSIFICATION              | · · · · · · · · · · · · · · · · · · · |             |         |           | 11111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0841   | · <b>y</b>        | - <del></del>                         |          |
| - | CATEGORY                    |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | T                 | ACCESSIBL                             |          |
|   | (Check One)                 |                                       |             | OWNER   | SHIP      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | STATUS            | TO THE PUB                            |          |
|   | District Building X         | Public                                | ·D          | Public  | Acquisit  | ion;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | Occupied X        | Yes:                                  |          |
|   | Site Structure              | Private                               | X           | In      | Process   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\Box$ | Unoccupied        | Restricted                            |          |
|   |                             | Bath                                  | _           | Ве      | ing Cansi | dered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        | Preservation work | Unrestricte                           | d 🗀      |
|   | Object                      |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | in progress       | No:                                   | X        |
|   | PRESENT USE (Check One or M | ore as Appro                          | <br>priate) | 1       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | 4                 |                                       |          |
|   | Agricultural Governm        | ent 🗀                                 | Par         | ·k      |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trai   | nsportation       | Comments                              |          |
|   | Commercial Industria        |                                       |             |         | esidence  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | er (Specify)      | comments                              |          |
|   | Educational Military        |                                       |             | ligious | J IGC HCC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | or (opecity)      |                                       |          |
|   | Entertainment Museum        |                                       |             | entific |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
|   | OWNER OF PROPERTY           | -                                     |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
| ٠ | OWNERS NAME:                |                                       |             |         |           | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                   | <del></del>                           |          |
|   |                             |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
|   | STREET AND NUMBER:          |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       | · · · ·  |
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|   | CITY OR TOWN:               |                                       |             |         |           | ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ATE:   |                   | CODE                                  |          |
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|   | LOCATION OF LEGAL DESC      | RIPTION                               |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       | 7        |
| _ | COURTHOUSE, REGISTRY OF D   | EEDS. ETC:                            |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
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|   | CITY OR TOWN:               |                                       |             |         |           | ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ATE    |                   | CODE                                  |          |
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|   | REPRESENTATION IN EXIST     | ING SURVE                             | Y5          |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
|   | TITLE OF SURVEY:            |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       | İ        |
|   | DATE OF SURVEY:             |                                       |             |         | - 1 🗀     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | te 🗍   | County L          |                                       | +-       |
|   | DEPOSITORY FOR SURVEY RE    | CORDS:                                |             | rea     | eral 🗍    | 310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | те     | County L          | ocal 📋                                |          |
|   |                             | = 5.                                  |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
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|   | STREET AND NUMBER:          |                                       |             |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                                       |          |
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| CONDITION   |             |        |             | Check      | One)  |       |      |               |   |
| CONDITION   | Excellent [ | Good 🔯 | } Fair -{X  | Deteriorat | ted 📋 | Ruins |      | Unexposed [   |   |
|             |             | (Check | One)        |            |       |       | (Che | ck One)       |   |
| INTEGRITY   | Altered     |        | Unaltered 🛣 |            | Mo    | ved 🗌 |      | Original Site | X |

as the courthouse across the street. It is a relatively large brick house of 3 storeys with a variety of bay fronts, porches, window peaks, etc. The roof (s) is covered with slate shingles, some of it in fish-scale patterns and the end gable facing the street is in patterned wood shingle. There is a 2 storey semi-octagonal bow-front window arrangement topped by a semi-conical roof. Between this and a somewhat similar bow on West Prospect Square is a brackted porch and a closed-in sun porch which has stained-glass transom windows and curves around the corner of the house. There is a large square stained-glass window next to main entrance.

|                        |                  | N. R. FIELD :       | SHEE)             | AL-HE-N                      |
|------------------------|------------------|---------------------|-------------------|------------------------------|
| IGNIFICANCE            |                  |                     |                   |                              |
| PERIOD (Check One or I | More as Appropri | ate)                |                   |                              |
| Pre-Calumbian          | 1                | 6th Century 🔲       | 18th Century 🗌    | 20th Century 🗌               |
| 15th Century           | 1                | 7th Century 🔲       | 19th Century 📋    | <b>X</b>                     |
| SPECIFIC DATE(S) (If A | pplicable and K  | nown)               | c1885 <b>-</b> 1  | 895 [?]                      |
| AREAS OF SIGNIFICANC   | E (Check One o   | or More as Appropri | iate)             |                              |
| Abar iginol            | Educa            | ation 🗌             | Palitical 🗌       | Urbon Planning               |
| Prehistoric            | ☐ Engin          | eering 🗌            | Religian/Phi-     | Other (Specify) architecture |
| Historic               | Indus            | try 🔲               | lasophy           | architecture                 |
| Agriculture            | Inven            | _                   | Science           |                              |
| Art                    | Londs            |                     | Sculpture         | <del></del>                  |
| Commerce               |                  | :hitecture 🔲        | Sacial/Human-     |                              |
| Cammunications         | Litero           | _                   | itarian 🗍         |                              |
| Canservation           | Milito           |                     | Theater           |                              |
|                        | Music            |                     | Tronsportation    |                              |
| STATEMENT OF SIGNIFI   | CANCE (Includ    | e Personages, Dat   | es, Events, Etc.) |                              |
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| chimmey, ec            | C.). 10 .        | is include          | ad Here becau     | se or ros produce-           |
| sque qualit            | v and its        | s proximit          | tv to the cou     | rthouse and to               |
| ·                      | -                | -                   | •                 |                              |
| Prospect Sq            | uare.            |                     |                   |                              |
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| Гттесте                | rescora          | sion, suci          | as paint, c       | outu greatry en-             |
| hance this             | house's a        | appearance          | e.]               |                              |
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| N. R. FIELD SHELL                                                                  |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------|--------------|-----------|-------------------------------------------|---------|------------------|----------|--|
| 9. MAJOR BIBLIOGRAPHICAL REFERENCES                                                |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
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| 10. GEOGRAPHICAL DATA                                                              |                                                                                                                                                                         |                                                                 |                   |              |           | LATITUDE AND LONGITUDE COORDINATES        |         |                  |          |  |
|                                                                                    | LATITUDE AND LONGITUDE COORDINATES OFFINING A RECTANGLE LOCATING THE PROPERTY                                                                                           |                                                                 |                   |              |           | O OFFINING THE CENTER POINT OF A PROPERTY |         |                  |          |  |
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| LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
| -                                                                                  | STATE:                                                                                                                                                                  | 2 37 47 23 410 00011121                                         |                   |              | COUNTY    |                                           |         | COOE             |          |  |
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|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              | ٦         |                                           |         |                  |          |  |
| 11. FORM PREPARED BY                                                               |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
| NAME AND TITLE:                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
| L                                                                                  | William Morgan                                                                                                                                                          |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    | ORGANIZATION                                                                                                                                                            |                                                                 |                   |              |           | OATE<br>Tuno &                            |         |                  | 1070     |  |
|                                                                                    |                                                                                                                                                                         | Department o                                                    | of Art His        |              | June 8, 1 |                                           |         | 1970             |          |  |
|                                                                                    | Department of Art History  STREET AND NUMBER:  University of Delaware                                                                                                   |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    | University of Delaware                                                                                                                                                  |                                                                 |                   |              |           | Total Cool                                |         |                  |          |  |
|                                                                                    | Newark                                                                                                                                                                  |                                                                 |                   |              |           | Delaware                                  |         |                  | COOE     |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              | -         | NATIONAL REGISTER VERIFICATION            |         |                  |          |  |
| 12. STATE LIAISON OFFICER CERTIFICATION                                            |                                                                                                                                                                         |                                                                 |                   |              |           | NATIONAL REGIST                           | <u></u> | TERM TERMION     |          |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    | As the designated State Liaison Officer for the Na-                                                                                                                     |                                                                 |                   |              |           | I hereby certify that this p              | rop     | erty is included | in the   |  |
|                                                                                    | tional Historic Preservation Act of 1966 (Public Law<br>89-665). I hereby nominate this property for inclusion<br>in the National Register and certify that it has been |                                                                 |                   |              |           | National Register.                        |         |                  |          |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    | evaluated according to the criteria and procedures set                                                                                                                  |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    | forth by the National Park Service. The recommended                                                                                                                     |                                                                 |                   |              |           | Chief, Office of Archeolog                | y a     | nd Historic Pres | ervation |  |
|                                                                                    | level of significance of this nomination is:                                                                                                                            |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    | National State Local                                                                                                                                                    |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           | Date                                      |         |                  |          |  |
|                                                                                    | Name                                                                                                                                                                    |                                                                 |                   |              |           |                                           |         |                  |          |  |
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|                                                                                    | Title                                                                                                                                                                   |                                                                 |                   |              | _         |                                           |         |                  |          |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           | Keeper of The National Register           |         |                  |          |  |
|                                                                                    |                                                                                                                                                                         |                                                                 |                   |              |           |                                           |         |                  |          |  |
|                                                                                    | Date                                                                                                                                                                    |                                                                 |                   |              |           | Date                                      |         |                  |          |  |

## TITLE SEARCH

101 Washington Street AL-IV-A-094

Allegany County Deed: Liber 308, Fulio 256

Grantee: Most Reverend Francis P Keough Date: March 18, 1959

Grantor: Rose M. Holland (widow of Irving T. Holland) Consideration: \$26,000.00

Notes: Keough-Roman Catholie Arehbishop of Baltimore

Part of Lot 96

Allegany County Deed: Liber 135, Folio 18

Grantee: Irving T. Holland et ux Date: November 15, 1920
Grantor: Mollie D. Quarles Consideration: STAMP \$23.00

Allegany County Deed: Liber 127, Folio 324

Grantee: Mollie D. Quarles Date: February 1, 1919

Grantor: Matilda H. Bretz (widow of Calton L. Bretz) Consideration: STAMP \$20.00

Allegany County Deed: Liber 69, Folio 663

Grantee: Calton L. Bretz Date: April 3, 1891

Grantor: George D. Landwehr et ux Consideration: \$5,000.00

Allegany County Deed. Liber 67, Folio 431

Grantee: George D. Landwehr Date: November 27, 1889

Grantor: Mary C. Perry et al (heirs) Consideration: \$10,000.00

Notes: \$10,000.00 is for all of Lot 96 and Lot 122

Mary C. Perry, Edward Tayloe Perry and Thornton Tayloe Perry are children

of Estelle and Capt. Roger Perry (Deceased)

Allegany County Deed: Liber 3, Folio 464

Grantee: Roger Perry Date: May 3, 1847

Grantor: Mary S. King et al (heirs of John King) Consideration: \$2,000.00

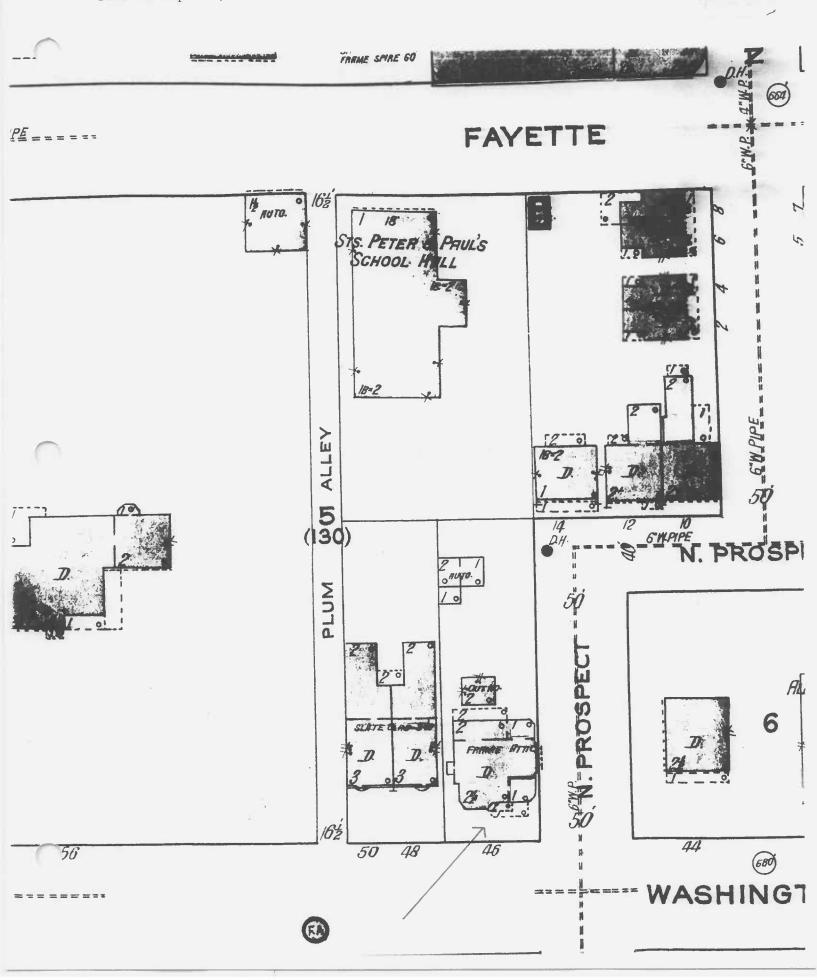
Notes: Lots 96 and 122

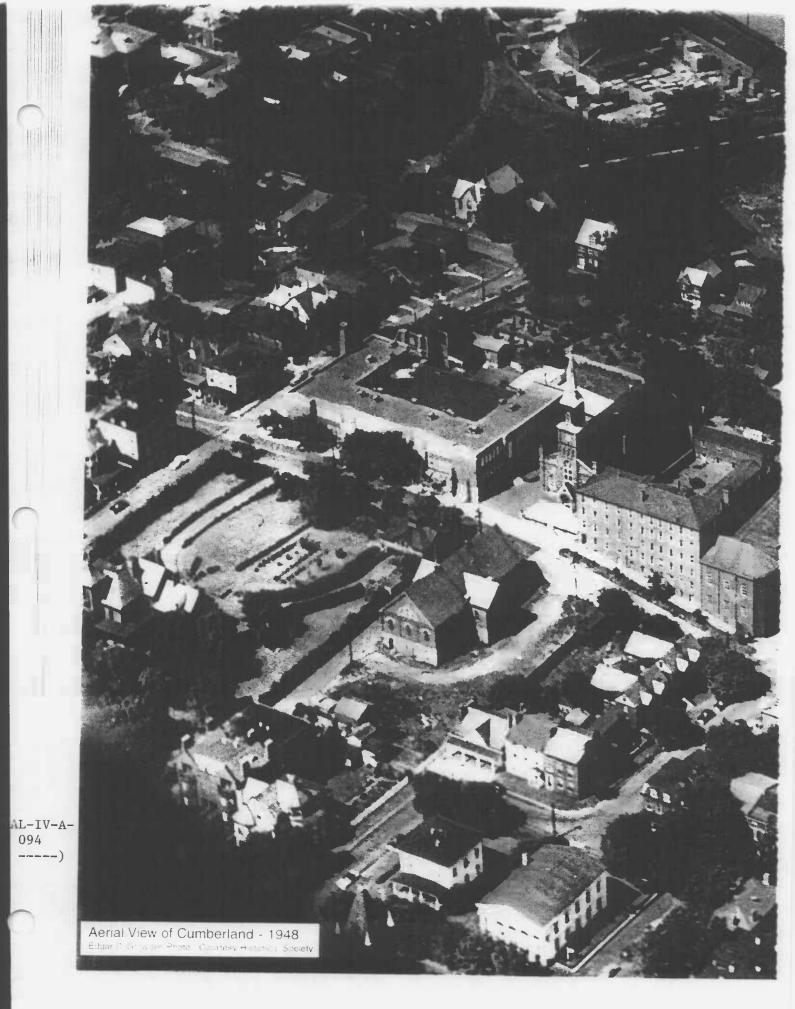
Allegany County Deed: Liber M, Folio 157

Grantee: John King Date: June 4, 1823

Grantor: Andrew Bruee Esquire (Sheriff) for Roger Perry

AL-IV-A-094 101 Washington Street (46 until c. 1922) Sanborn Map Co., 1921





Feldstein, Albert L.

1994 Downtown Cumberland, 1950-1980. Cumberland: Commercial Press Printing Company. P. 46.